

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

1. CIR./DIST./DIV. CODE 19-CR-108	2. PERSON REPRESENTED <i>Andre Wilburn</i>		VOUCHER NUMBER					
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER				
7. IN CASE/MATTER OF (Case Name)		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions)				
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.								
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS <i>Sam Gregory</i>			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel					
Telephone Number : _____			Prior Attorney's Name: _____ Appointment Dates: _____					
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) <i>Nangs & Bowdie</i>			Signature of Presiding Judge or By Order of the Court <i>10/6/21</i>					
			Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO					
CLAIM FOR SERVICES AND EXPENSES						FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW	
In Court	a. Arraignment and/or Plea			0.00		0.00		
	b. Bail and Detention Hearings			0.00		0.00		
	c. Motion Hearings			0.00		0.00		
	d. Trial			0.00		0.00		
	e. Sentencing Hearings			0.00		0.00		
	f. Revocation Hearings			0.00		0.00		
	g. Appeals Court			0.00		0.00		
	h. Other (Specify on additional sheets)			0.00		0.00		
(RATE PER HOUR = \$) TOTALS:			0.00	0.00	0.00	0.00		
Out of Court	a. Interviews and Conferences			0.00		0.00		
	b. Obtaining and reviewing records			0.00		0.00		
	c. Legal research and brief writing			0.00		0.00		
	d. Travel time			0.00		0.00		
	e. Investigative and other work (Specify on additional sheets)			0.00		0.00		
(RATE PER HOUR = \$) TOTALS:			0.00	0.00	0.00	0.00		
17. Travel Expenses (lodging, parking, meals, mileage, etc.)								
18. Other Expenses (other than expert, transcripts, etc.)								
GRAND TOTALS (CLAIMED AND ADJUSTED):				0.00				
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION			
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number						23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR./CERT. \$0.00		
Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO						If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO						If yes, give details on additional sheets.		
I swear or affirm the truth or correctness of the above statements.						Signature of Attorney _____ Date _____		
APPROVED FOR PAYMENT						COURT USE ONLY		
28. SIGNATURE OF THE PRESIDING JUDGE			DATE		28a. JUDGE CODE			
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED \$0.00				
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE		34a. JUDGE CODE		